

17. Terminations

**Attachmt. D4**

CAP/DA Manual

**NOTICE OF TERMINATION OF CAP/DA PARTICIPATION**

DATE: July 1, 1999

Mrs. Sally Johnson  
101 Side Street  
Hometown, NC 27603

Dear Mrs. Johnson:

You are no longer eligible for participation in the Community Alternatives Program for Disabled Adults (CAP/DA) because:

To receive CAP/DA services, you must live in an environment that is safe and that provides for your medical and health care needs. We cannot ensure that you are safe and that your needs will be met at all times because you live alone and do not have anyone available to help prepare your meals, help you take your medicines, and assist with other necessary activities at night and on weekends. You are unable to manage these activities by yourself and the CAP/DA program cannot pay for someone to be with you at all times. Your care costs more than is allowed in the program.

The State policies which require us to terminate CAP/DA participation are in the CAP/DA Manual, Section/Subsection 1.2 , which states:

"A potential CAP/DA client can have his or her health, safety, and well-being maintained at home within the Medicaid cost limit."

The date that the termination will be effective is September 30, 1999.

If you believe the decision to terminate CAP/DA participation is not correct, you may request a hearing with the CAP/DA lead agency, which is Friendly County Lead Agency. You may make your request orally or in writing. You have 60 days from the date at the top of this letter, or until August 30, 1999 to ask for a hearing.

If you request a hearing no later than October 10, 1999, you may request to continue to be on CAP/DA until the hearing decision. However, if the decision to terminate CAP/DA services is not reversed, you may have to pay the Division of Medical Assistance for the services

For more information about hearings, see the back of this letter.

Mrs. Mary Doe  
CAP/DA Case Manager

919-555-9999  
Telephone Number

Agency Mailing Address:

Friendly County Lead Agency  
PO Box 1234  
Hometown, NC 27603

Distribution: Applicant  
County DSS Medicaid Supervisor  
DMA CAP Consultant

*ABOUT THE HEARING*

If you request a hearing, the hearing will be held within 5 calendar days of the date of your request. The hearing will be conducted by a hearing officer who was not directly involved in making the decision to terminate CAP/DA participation. You may represent yourself at the hearing or have someone else represent you. You may also bring others with you to the hearing.

*THE HEARING DECISION*

Within 5 calendar days following the date of the hearing, you will be mailed a notice of the hearing decision. If you believe this decision is not correct, you may request a State hearing by contacting your case manager..